

CLAIMS ONLY	Application Number <div style="font-size: 1.5em; font-family: cursive;">10/783 788</div>	Filing Date
Applicant(s)		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
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49							99							
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Total Indep	1						Total Indep							
Total Depend	2						Total Depend							
Total Claims	3						Total Claims							